SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM Applicant's Confidential Statement of Income

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Enrollment	 Re-certification 							
The information contained in this Confidential Statement of Income is used only by the SCSEP staff to determine eligibility for enrollment/re-certification in the SCSEP. Annual family income must be determined by computing the annualized includable income for the six months preceding application or certification for continued enrollment.								
Applicant/Participant N			Family (household) size					
INCOME (based on	Participant	S	pouse	Family	Oth	er	Total Family	
last 6 months)							Income	
Earnings from work								
(gross)								
Unemployment Benefits								
Social Security,								
including S.S.D.I.								
Veteran's payments								
Survivor benefits								
Pension or retirement								
income								
Interest								
Dividends								
Rents, royalties, estates								
and trusts								
Educational assistance								
Alimony								
Financial assistance								
from outside the								
household								
Other incomes								
6 MONTH TOTALS								
Definitions and Explanations for all of the above-cited incomes are detailed in the Department of Labor								
Training and Employment Guidance Letter No. 13-04 Attachment I: CPS Income Definitions and Explanations and Attachment II: Procedures for Computing Annual Family Income to Determine Income								
Explanations and Attachment I Eligibility for SCSEP.	ii. Procedures id	JI C	omputing A	illiuai Faililly I	ncome u	Detern	ime mcome	
Name of Family Members in household			Relationship			Age		
				F		0-		
			1					

INCOME COMPUTATION AND SIGNATURE LINE ON BACK SIDE OF THIS FORM

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Applicant's Confidential Income Computation

Participant's name							
SHOW HOW YOU ARRIVED AT IN	COME COMPUTATION						
Total family six month income =							
Multiply six month total family income by tw	vo (2) =(Annualized)						
Compare annualized total family income to c	current income eligibility guidelines.						
APPLICANT'S CERTIFICATION: I declare that the information reported on this statement, to the best of my knowledge, is true, correct and complete.							
Participant's Signature:	Date:						
Reviewed by:	Date:						
Privacy Act Statement							

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by the SCSEP to determine eligibility. Additional disclosures of this information may be used for quality improvement.

Public Law 104-134 (April 6, 1996) requires that any person doing business with the Federal government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.